



Membership Application

This is a printable application form. Please enter the information requested, print the form, sign and mail it, along with your check, credit card information or money order payable to The Golf Depot
to: The Golf Depot, 789 Science Blvd., Gahanna, Ohio 43230
Phone (614) 861-8200 Fax (614) 861-8220

I hereby make application for membership at The Golf Depot for an Annual 12-Month Membership.

Family \$995 / Couples \$795 / Single \$595 / Junior (17 & under) \$395 / Senior (62 & wiser) \$395 / Corporate (2 designees) \$995 (4 designees) \$1595
Driving Range Only Pass \$395

Name of Applicant

Name of Spouse

Name of Children

Corporate Designee

Home Address

Billing Address

City State Zip

City State Zip

Home Phone

Business Phone

Cell Phone

Membership Type

Membership Fee

E-Mail Address

Check Number

Credit Card Type

Credit Card Number

Exp. Date

Security Code

Sales Tax 6.75%

Amount Enclosed

I understand that The Golf Depot is not responsible for loss or damage of any member's equipment used or stored at the course. I will look to my own homeowner's policy for any claims.

I agree to always register at the Pro Shop before using any of the facilities at The Golf Depot.

NOTE: Any returned checks will pay a \$25 penalty fee.

Signature of Applicant

Date

